

December 1, 2005
Montana Medicaid Notice
Physicians, Mid-Level Practitioners,
and Pharmacy Providers

Prior Authorization Requirements for Rozerem[®] and Lunesta[®]

Effective Immediately

Prior Authorization for Rozerem[®]

Payment for Rozerem[®] (ramelteon) will be authorized upon trial and therapy failure with at least **two** multi-source medications, prescribed for sleep, from the following list:

- Tricyclic Antidepressants
- Benzodiazepines
- Antihistamines
- Mirtazapine
- Trazodone

►Concomitant use of stimulant medications will not be allowed.

►Approvals will be for a **maximum 15 tablets per month.**

Prior Authorization for Daily Use of Lunesta[®] or Rozerem[®]

Payment will be considered for daily use of Rozerem[®] (ramelteon) or Lunesta[®] (eszopiclone) based upon documented clinical information and a diagnosis of "Chronic Insomnia." Patients are required to be treated with prerequisite drug therapy for at least three consecutive months to be considered for daily use. Prerequisite therapy includes at least two months of multi-source medications, prescribed for sleep, and an initial 15-dose trial of either Lunesta[®] or Rozerem[®]. Special PA forms are available upon request from the PA unit or may be downloaded from the pharmacy manual online.

►Concomitant use of stimulant medications will not be allowed.

►Approvals will be for **30 tablets per month.**

The prescriber (physician, etc.) or pharmacy may submit requests by mail, telephone, or FAX to:

Drug Prior Authorization Unit
Mountain Pacific Quality Health Foundation
3404 Cooney Drive
Helena, MT 59602
(406) 443-6002 or (800) 395-7961 (Phone)
(406) 443-7014 or (800) 294-1350 (Fax)

To request prior authorization, providers must submit the information requested on the *Request for Drug Prior Authorization Form* to the Drug Prior Authorization Unit. This form can be copied from page 5.9 of the Medicaid Prescription Drug Program Manual on the web at: <http://www.dphhs.state.mt.us/hpsd/medicaid/medicaid2/pdf/pharmacy.pdf>

Any questions regarding this notice can be directed to Dan Peterson at (406) 444-2738 or the Medicaid Drug Prior Authorization Unit at (406) 443-6002.

Contact Information

For claims questions or additional information, contact Provider Relations:

Provider Relations toll-free in- and out-of-state: 1-800-624-3958
Helena: (406) 442-1837

Visit the Provider Information website:

<http://www.mtmedicaid.org>